

# Utah Health Status Update

## KEY FINDINGS

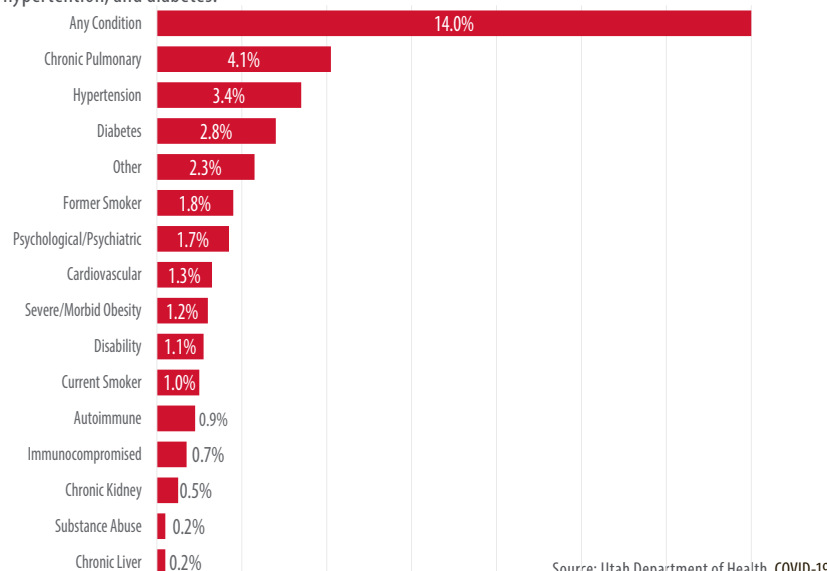
- One in seven COVID-19 cases had at least one pre-existing condition; most reported conditions were chronic. Pulmonary disease, hypertension, and diabetes were the most commonly reported chronic conditions (Figure 1).
- The proportion of hospitalized COVID-19 cases was highest among those with pre-existing conditions including chronic pulmonary disease, hypertension, and diabetes (Figure 2).
- Utah small areas (i.e., communities) with higher prevalence rates of hypertension, diabetes, and obesity, also had higher rates of hospitalization among COVID-19 cases (Figure 3).

## COVID-19 Cases and Chronic Disease, 2020–2021

The COVID-19 (coronavirus) disease is an infectious disease caused by a newly discovered coronavirus called severe acute respiratory syndrome coronavirus 2 or SARS-CoV-2. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and persons with pre-existing conditions, such as chronic obstructive pulmonary disease, heart disease, diabetes, chronic kidney disease, and obesity, can be at higher risk of infection with SARS-CoV-2, higher risk for severe COVID-19–associated illness, or both. Many of these underlying health conditions are common in Utah, including diabetes (8.0% of the population), cardiovascular disease (2.3%), chronic obstructive pulmonary disease (9.8%), obesity (29.9%), and asthma (9.8%). These conditions are associated with chronic inflammation and/or immunosuppression, both of which can increase risk to infection and the capability to fight it. In Utah, one in seven (14%) cases had at least one pre-existing condition. Most conditions reported were chronic. Pulmonary disease, hypertension, and diabetes were the most common chronic conditions reported. The proportion of COVID-19 cases reporting each condition is shown in Figure 1.

### Percentage (%) of COVID-19 Cases With Reported Pre-existing Conditions, by Condition, Utah, March 02, 2020–June 16, 2021

Figure 1. The top pre-existing conditions reported with COVID-19 cases were any condition, chronic pulmonary disease, hypertension, and diabetes.



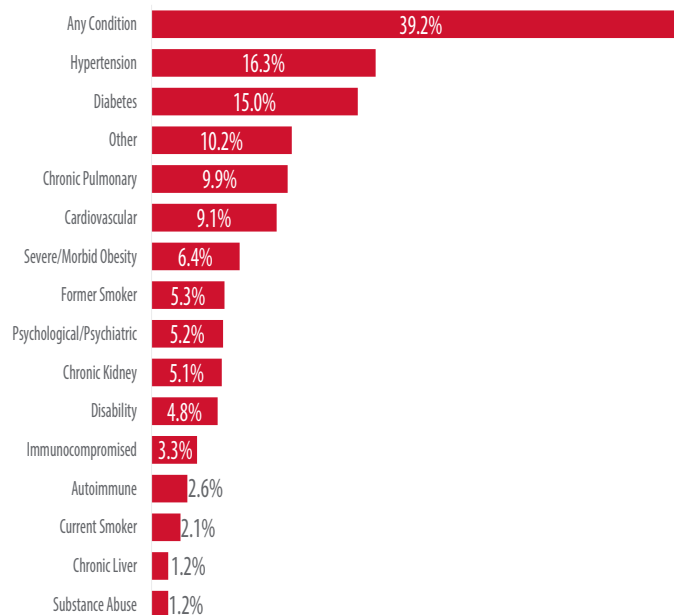
Source: Utah Department of Health, [COVID-19 dashboard](#). June 16, 2021

Feature article continued

Utahns who were hospitalized with COVID-19 more frequently reported pre-existing conditions compared with all cases. Two in five (40%) COVID-19 hospitalization cases reported at least one condition. Hypertension, diabetes, chronic pulmonary disease, cardiovascular disease, and obesity were the most common conditions among hospitalized cases. The proportion of hospitalized COVID-19 cases reporting each condition is shown in Figure 2.

### Percentage (%) of COVID-19 Hospitalizations With Reported Pre-existing Conditions, by Condition, Utah, March 02, 2020–June 16, 2021

Figure 2. The top COVID-19 hospitalizations with reported pre-existing conditions including any condition, chronic pulmonary, hypertension, and diabetes.

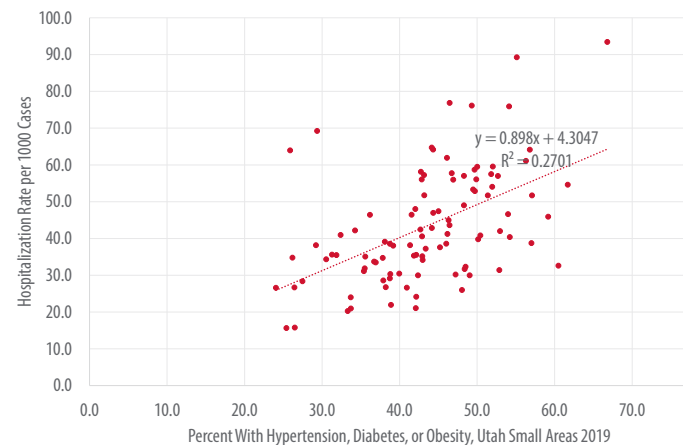


Source: Utah Department of Health, [COVID-19 dashboard](#). June 16, 2021

Notably, Utah small areas (i.e., communities) with higher prevalence rates of hypertension, diabetes, or obesity, also had higher rates of hospitalization among COVID-19 cases. For each percentage point increase in the total prevalence of any of these three conditions in the area's population, the COVID-19 hospitalization rate increased by 0.9/1000 cases. Chronic disease prevalence accounted for 27% of the variability in hospitalization rates across Utah small areas. This association is shown in Figure 3.

### Prevalence of Population-Level Association of Hypertension, Diabetes, or Obesity and COVID-19 Hospitalization Rates, by Utah Small Areas, Utah, 2020 and 2021

Figure 3. Rates of hospitalizations occurred more frequently in Utah Small Areas where percentages of hypertension, diabetes, or obesity were high.



Source: Utah Department of Health, [EpiTrax](#) and [BRFSS](#) 2017, 2019 estimates of diabetes, hypertension, and obesity.

COVID-19 cases with reported chronic conditions were more likely to be hospitalized. People with chronic disease should take precautions to limit their potential exposures to COVID-19 and consider getting vaccinated.

#### UDOH ANNOUNCEMENT

The Utah Environmental Public Health Tracking Network (Utah Tracking) would like to announce the coming release of a new booklet with up-to-date information about climate change and its impact in Utah. Once published, the booklet will be available online on the Documents Page of the Utah Tracking website, <https://epht.health.utah.gov/epht-view/resources/FactSheets.html>.

Please reach out to Indy Li, [ili@utah.gov](mailto:ili@utah.gov) to be notified of the booklet's release, or for more information.

## Emergency Department Visits by Race and Ethnicity

In January 2021, Governor Spencer Cox unveiled the [One Utah Roadmap](#), a plan for the first 500 days of the Cox-Henderson administration. Within the One Utah Roadmap, the term equity is referenced in a few areas. Notably, the plan calls for focusing on upstream drivers of improved health and developing reports and action plans on racial and ethnic health inequities and disparities. Measuring differences in health and health care outcomes by race and ethnicity is key to understanding the mechanisms contributing to overall health disparities in health and health care.<sup>1</sup>

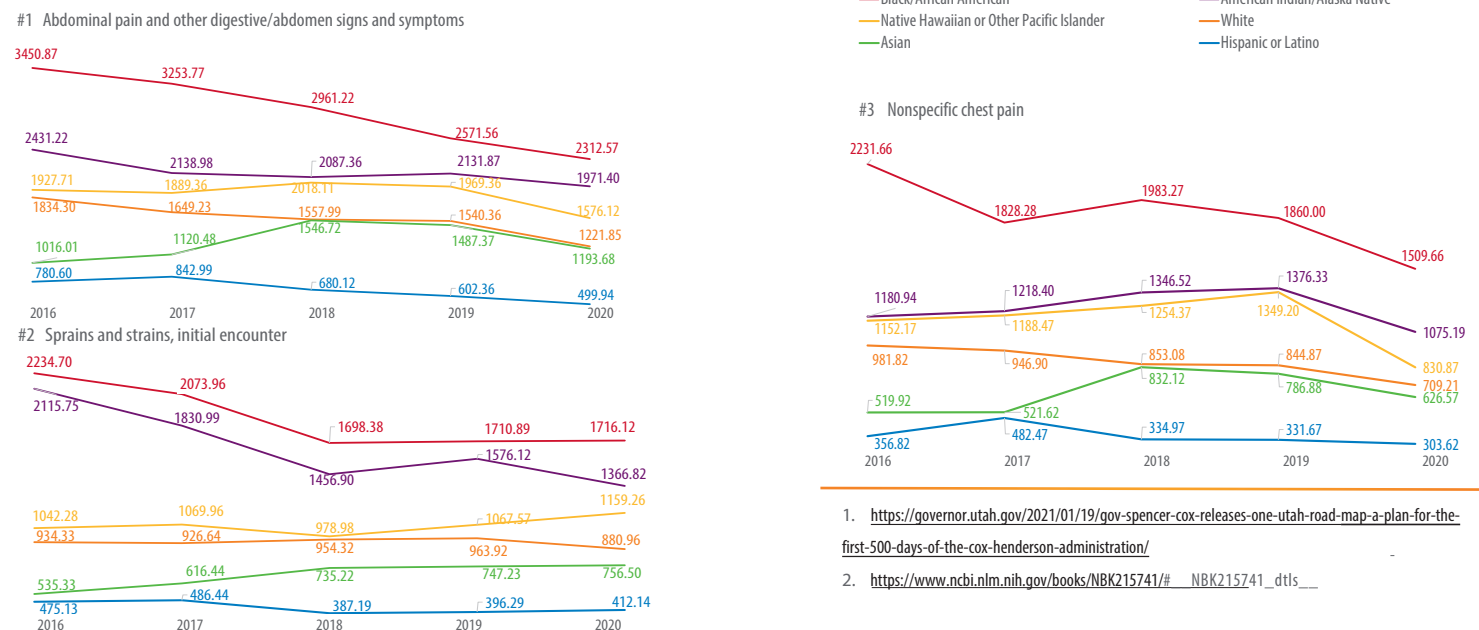
The Utah Healthcare Facility Database (HFD) was used to compile a snapshot of the top ten hospitalizations over the last five years by racial groups. The HFD contains encounter records for all licensed hospitals, emergency rooms, and ambulatory surgery centers in Utah. These data represent rates per 100,000 people in all hospitalizations, emergency department visits, and ambulatory surgeries and diagnostic procedures performed in Utah.

A few caveats should be noted for the results depicted in the top hospitalizations with opportunities to improve consistency in data reporting at the facility level. First, to facilitate the determination of how populations of people identifying as Hispanic/ of Latin origin compare relative to all racial groups since ethnicity is reported separately. Secondly, this analysis rests on the accuracy of the race/ethnicity data entry at the facility level.

Abdominal pain and other digestive/abdomen signs and symptoms, sprains and strains, and non-specific chest pain were consistently the top three reasons for emergency department visits across five years of observation. People who identified as Black/African American and American Indian/Alaska Native represented the highest rates of hospitalizations for the listed encounters. Further work is needed to help determine possible drivers for these high rates outside of this snapshot. More exploration is needed to find out if low rates of hospitalization among people who identified as Asian and Hispanic/of Latin origin solely represent low ED utilization, or if there are other factors, such as access, discrimination, stigma, and coverage, in the low rates observed.

### Top Hospitalizations During 2016–2020, Rates (per 100,000) by Race/Ethnicity, Utah

Figure 1. Abdominal pain and other digestive/abdomen signs and symptoms, sprains and strains, and non-specific chest pain were consistently the top three reasons for emergency department visits across five years of observation.



- <https://governor.utah.gov/2021/01/19/qov-spencer-cox-releases-one-utah-road-map-a-plan-for-the-first-500-days-of-the-cox-henderson-administration/>
- [https://www.ncbi.nlm.nih.gov/books/NBK215741/#\\_NBK215741\\_dtlis\\_\\_](https://www.ncbi.nlm.nih.gov/books/NBK215741/#_NBK215741_dtlis__)

# Monthly Health Indicators

Monthly Report of Notifiable Diseases, May 2021	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis ( <i>Campylobacter</i> )	43	53	166	194	0.9
COVID-19 (SARS-CoV-2)	Cases updated at <a href="https://coronavirus.utah.gov/case-counts/">https://coronavirus.utah.gov/case-counts/</a> .				
Shiga toxin-producing <i>Escherichia coli</i> ( <i>E. coli</i> )	12	12	48	43	1.1
Hepatitis A (infectious hepatitis)	1	3	4	27	0.1
Hepatitis B, acute infections (serum hepatitis)	1	2	7	7	1.1
Influenza*	Weekly updates at <a href="http://health.utah.gov/epi/diseases/influenza">http://health.utah.gov/epi/diseases/influenza</a> .				
Meningococcal Disease	0	0	1	1	0.8
Pertussis (Whooping Cough)	4	23	29	140	0.2
Salmonellosis ( <i>Salmonella</i> )	25	27	88	122	0.7
Shigellosis ( <i>Shigella</i> )	4	4	19	21	0.9
Varicella (Chickenpox)	5	14	32	95	0.3
West Nile (Human cases)	0	10	2	23	0.1
Quarterly Report of Notifiable Diseases, 1st Qtr 2021	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV/AIDS†	22	34	22	34	0.7
Chlamydia	2,961	2,638	2,961	2,638	1.1
Gonorrhea	908	616	908	616	1.5
Syphilis	44	30	44	30	1.4
Tuberculosis	2	8	2	8	0.3
Medicaid Expenditures (in Millions) for the Month of May 2021	Current Month	Expected/ Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance over (under) Budget
Mental Health Services	\$31.7	\$32.1	\$189.8	\$191.1	(\$1.3)
Inpatient Hospital Services	\$13.7	\$14.1	\$203.2	\$204.8	(\$1.5)
Outpatient Hospital Services	\$5.4	\$5.9	\$35.0	\$36.7	(\$1.7)
Nursing Home Services	\$56.0	\$56.0	\$289.8	\$290.3	(\$0.5)
Pharmacy Services	\$13.6	\$13.2	\$119.2	\$120.2	(\$1.0)
Physician/Osteo Services‡	\$7.9	\$7.6	\$51.8	\$52.2	(\$0.4)
Medicaid Expansion Services	\$117.1	\$117.4	\$725.9	\$727.6	(\$1.7)
<b>***TOTAL MEDICAID</b>	<b>\$536.2</b>	<b>\$534.6</b>	<b>\$3,509.5</b>	<b>\$3,510.0</b>	<b>(\$0.4)</b>

|| Updates for COVID-19 can be found at <https://coronavirus.utah.gov>. This includes case counts, deaths, number of Utahns tested for disease, and latest information about statewide public health measures to limit the spread of COVID-19 in Utah.

\* More information and weekly reports for Influenza can be found at <http://health.utah.gov/epi/diseases/influenza>.

† Diagnosed HIV infections, regardless of AIDS diagnosis.

**Notes:** Data for notifiable diseases are preliminary and subject to change upon the completion of ongoing disease investigations.

‡ Medicaid payments reported under Physician/Osteo Services do not include enhanced physician payments.

\*\*\*The Total Medicaid Program costs do not include costs for the PRISM project.

# Monthly Health Indicators

Program Enrollment for the Month of May	Current Month	Previous Month	% Change <sup>§</sup> From Previous Month	1 Year Ago	% Change <sup>§</sup> From 1 Year Ago
Medicaid	414,549	409,039	+1.3%	315,964	+31.2%
CHIP (Children's Health Insurance Plan)	15,024	15,207	-1.2%	16,610	-9.5%
Commercial Insurance Payments <sup>#</sup>	Current Data Year	Number of Members	Total Payments	Payments per Member per Month (PMPM)	% Change <sup>§</sup> From Previous Year
Medical	2019	11,881,900	\$ 3,569,847,963	\$ 303.86	-1.1%
Pharmacy	2019	10,423,251	\$ 774,925,995	\$ 66.32	+12.1%
Annual Community Health Measures	Current Data Year	Number Affected	Percent \ Rate	% Change From Previous Year	State Rank <sup>**</sup> (1 is Best)
Suicide Deaths	2019	653	20.4 / 100,000	-3.2%	40 (2019)
Asthma Prevalence (Adults 18+)	2019	219,900	9.90%	+6.9%	29 (2019)
Poor Mental Health (Adults 18+)	2019	459,100	20.70%	+10.1%	28 (2019)
Influenza Immunization (Adults 65+)	2019	223,600	63.90%	+22.8%	22 (2019)
Drug Overdose Deaths Involving Opioids	2019	496	15.5 / 100,000	-21.6%	20 (2019)
Unintentional Fall Deaths	2019	345	10.8 / 100,000	+29.0%	17 (2019)
Infant Mortality	2019	250	5.3 / 1,000	-7.0%	17 (2018)
Traumatic Brain Injury Deaths	2019	1,230	19.3 / 100,000	+1.1%	15 (2019)
Obesity (Adults 18+)	2019	605,345	29.9%	+10.1%	15 (2019)
Diabetes Prevalence (Adults 18+)	2019	190,500	8.50%	+1.3%	13 (2019)
Births to Adolescents (Ages 15-17)	2019	289	3.8 / 1,000	-21.8%	10 (2018)
Childhood Immunization (4:3:1:3:3:1:4) <sup>††</sup>	2019	49,400	80.00%	0.08	7 (2019)
Motor Vehicle Traffic Crash Injury Deaths	2019	231	7.2 / 100,000	-4.50%	7 (2019)
High Blood Pressure (Adults 18+)	2019	532,900	27.00%	+10.3%	7 (2019)
Cigarette Smoking (Adults 18+)	2019	175,800	8.00%	-12.0%	1 (2019)
Binge Drinking (Adults 18+)	2019	240,000	11.10%	+4.4%	1 (2019)
Coronary Heart Disease Deaths	2019	1,631	50.9 / 100,000	-1.0%	1 (2019)
All Cancer Deaths	2019	3,289	102.6 / 100,000	-0.6%	1 (2019)
Stroke Deaths	2019	912	28.4 / 100,000	+1.6%	1 (2019)
Child Obesity (Grade School Children)	2018	38,100	10.60%	+11.6%	n/a
Vaping, Current Use (Grades 8, 10, 12)	2019	37,100	12.40%	+11.3%	n/a
Health Insurance Coverage (Uninsured)	2019	277,200	9.50%	-3.1%	n/a
Early Prenatal Care	2019	35,560	75.90%	-0.4%	n/a

<sup>§</sup> Relative percent change. Percent change could be due to random variation.

<sup>#</sup> Figures subject to revision as new data is processed.

<sup>\*\*</sup> State rank in the United States based on age-adjusted rates where applicable.

<sup>††</sup> Data from 2019 NIS for children aged 24 month (birth year 2017).